

and practicing physicians to be reluctant to order "exotic" tests for rarely seen diseases when classic symptoms are absent. This patient's medical costs over a 12-year period were astronomic. Add to this the years of mental and physical suffering in the presence of a slowly growing benign tumor culminating in the need for a heroic and, in this case, unsuccessful operation, and the case for earlier suspicion even in the absence of classic symptoms becomes persuasive. Earlier biopsy of skin lesions and determination of appropriate serum hormone levels in the presence of suggestive, albeit non-classic, symptoms would appear to be cost effective indeed.

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Medical Practice Question

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

Sleep Studies for Obstructive Sleep Apnea

QUESTION:

In order to diagnose obstructive sleep apnea and its severity, what is the minimum sleep evaluation required?

OPINION:

In order to diagnose obstructive sleep apnea and determine its severity, it is the opinion of the Advisory Panel on Otolaryngology/Head and Neck Surgery that sleep monitoring should occur during the patient's normal sleep time. Daytime evaluation (nap studies) is not acceptable for this purpose. During the patient's sleep, the following data should be monitored: oxygen saturation, heart rate and paradoxical respirations.